



Health Care for All – California

Membership form

healthcareforall.org

Yes! I want to support the movement for universal single payer health care in California.

Name(s) _____

Phone _____

Home

Cell

* Email _____

Street address _____

City, State, ZIP _____

Contribution

\$25 (Individual)

\$50 (family)

\$10 (Student/Low-income)

Other _____

Membership Contributions to Health Care for All - California (HCA) are not tax-deductible. They are shared between local HCA chapters and the statewide organization. Your generosity is appreciated!

Join or Renew by CHECK

Please make check payable to **HCA-CA**

Join or Renew by CREDIT CARD

Check one

Visa

MasterCard

Account No. _____

Expiration date _____

CVV # _____

Name on card _____

Signature _____

Check one

One time contribution (amount indicated above)

**Recurring contribution of \$ _____ (indicate frequency below)

Monthly

Quarterly

Yearly

Recurring contributions help us achieve a dependable financial base and reduce our administrative costs.

Mail form and check or payment information to: **Health Care for All - CA**
PO Box 5833
Novato, CA 94948

To join or renew your membership **ONLINE** go to healthcareforall.org and select “**Membership**” on the Menu bar.

Thank you!

* **Email address required for credit card users.**

** **Recurring contributions** continue at the frequency selected until you request them to change or stop.

Revised 12.2023